

Atty Docket No. 022176-000510US

PTO FAX NO.: 1-571-273-8300

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ATTENTION: Examiner

SEP 13 2005

Group Art Unit 2837

**OFFICIAL COMMUNICATION
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of SHENNIB, Adnan, URSO, Richard C., Application No. 10/693,628, filed October 25, 2003 for INCONSPICUOUS SEMI-PERMANENT HEARING DEVICE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Copy of the Notice to File Missing Parts (2 pages)

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Number of pages being transmitted, including this page: 5

SEP 15 2005

Dated: 9/13/05



Shemekia N. Brown

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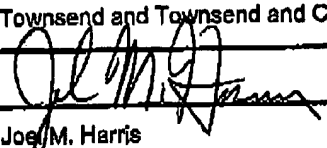
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422
3785


60385889 v1

PTO/SS/21 (09-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/693,628	
	Filing Date	October 25, 2003	
	First Named Inventor	Shennib, Adnan	
	Art Unit	2837	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	022176-000510US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fees Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Copy of the Notice to File Missing Parts (2 pages)
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joe M. Harris		
Date	9/13/05	Reg. No.	44,743

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on 9/13/05.			
Signature			
Typed or printed name	Shemekia N. Brown	Date	9/13/05

60585899 v1

SEP. 13. 2005 4:15PM TTC-PA 650-326-2422

SEP 13 2005

NO. 962 P. 3

PTO/SB/17 (12-04)

<p>Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete if Known</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/693,628
		Filing Date	October 25, 2003
		First Named Inventor	Shennib, Adnan
		Examiner Name	Not Yet Assigned
		Art Unit	2837
<p>TOTAL AMOUNT OF PAYMENT (\$)</p>		Attorney Docket No.	022176-000510US
<p>(\$)</p>			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 20-1430
 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	500
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**
24 -20 or HP = 4 x \$25 = \$100 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
2 -3 or HP = 0 x \$100 = \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

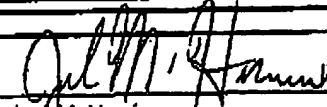
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>24</u>	<u>-100 =</u>	<u>/ 50 =</u>	<u>(round up to a whole number) x</u>	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Surcharge

Fees Paid (\$)
65

SUBMITTED BY:		
Signature	Registration No. (Attorney/Agent)	Telephone
	44,743	650-326-2400
Name (Print/Type)	Date	
Jose M. Harris	09/13/05	

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SEP 13 2005



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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/693,628	10/25/2003	Adnan Shennib	022176-000510US

CONFIRMATION NO. 1524
FORMALITIES
LETTER20350
TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO, CA 94111-3834

Date Mailed: 09/08/2005

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 395 to complete the basic filing fee for a small entity.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$100 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.16(f) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$560 for a Small Entity

- \$395 Statutory basic filing fee.
- \$65 Surcharge.
- Total additional claim fee(s) for this application is \$100

09/16/2005 MARKED1 00000022 201430 10693628

01 FC:2011	150.00 DA
02 FC:2111	250.00 DA
03 FC:2311	100.00 DA
04 FC:2051	65.00 DA
05 FC:2202	100.00 DA

- \$100 for 4 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

8136
Office of Initial Patent Examination (571) 272-4000, or 1-800-PTO-9199, or 1-800-972-6382
PART 2 - COPY TO BE RETURNED WITH RESPONSE